APR 0 6 2	TRANSMITTAL FORM  (to be used for all correspondence after initial filling)  Total Number of Pages in This Submission	U.S. Pater required to respond to a collection of the collection o				
	Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer  Request for Refund  CD, Number of CD(s)	After Allowance communication to Technology Center (TC)  Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Request For Withdrawal As Attorney Or Agent And Change Of Correspondence; Return Receipt Postcard			
	Firm or Seth H. Ostrow, Reg. No. 37,410 Individual name	OF APPLICANT, ATTORNE	EY, OR AGENT			
	Signature  Date					

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature	Jeth V	Date H

Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/83 (09-04)
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## **REQUEST FOR WITHDRAWAL** AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS**

Application Number	09/767,602			
Filing Date	January 22, 2001			
First Named Inventor	McTernan			
Art Unit	2141			
Examiner Name	Joseph R. Maniwang			
Attorney Docket Number	4700/6			

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
Pleas	Please withdraw me as attorney or agent for the above identified patent application, and									
	all the attorney	s/agents of record.								
			.mah.a.ma\ liad	ملك سم لمم						
· ·	•	gents (with registration nu	,		e attacr	eo pap	er(s), c	or ————————————————————————————————————		
		gents associated with Cu				-				
	NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are:  The attorneys of record are unable to contact the Applicants (real party in interest, Sorceron, Inc.)  after undertaking diligent efforts. All correspondence to the Applicant's last know address has been returned by the United States Postal Service as undeliverable and unable to forward. The Applicants have also failed to return all phone messages left at the last known telephone number.										
) ·		CORRE	SPOND	ENCE	ADD	RESS	3			-
The correspondence address is NOT affected by this withdrawal.  Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number:  OR										
11.21 '''	m <i>or</i>	Jonathan Prince								
	lividual Name			_						
Address Sorceron, Inc. 75 Ninth Avenue Suite 6 East										
City New York			_	State	NY	Zip 10011				
Country USA										
Telephone Fax										
Signature	deffet (									-
Name	Name Seth H. Ostrow				Registration No.		37,410			
Date	Date April 1,2005				Telephone No.		212-895-2000			
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.										

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.